

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2007

through

01

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

02

15

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		1038787.58
(b) Cash on Hand at Beginning of Reporting Period .....	1038787.58	
(c) Total Receipts (from Line 19) .....	79249.20	79249.20
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1118036.78	1118036.78
7. Total Disbursements (from Line 31) .....	125974.95	125974.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	992061.83	992061.83
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	16900.00	16900.00
(ii) Unitemized .....	8087.28	8087.28
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	24987.28	24987.28
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	29987.28	29987.28
12. Transfers From Affiliated/Other Party Committees .....	48900.00	48900.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	361.92	361.92
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	79249.20	79249.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	79249.20	79249.20

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	224.95	224.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	224.95	224.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	125500.00	125500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	250.00	250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	250.00	250.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	125974.95	125974.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	125974.95	125974.95

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	29987.28	29987.28
34. Total Contribution Refunds (from Line 28(d)) .....	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29737.28	29737.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	224.95	224.95
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	224.95	224.95

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. George W. Greene, Esq.  
Mailing Address 5624 Erskin Fish Way

City State Zip Code  
Sacramento CA 95835-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tionOccupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	0	7

Transaction ID: 13547485

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas D Kmetz  
Mailing Address 9820 Third Street Road

City State Zip Code  
Louisville KY 40272-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norton Southwest HospitalOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	0	7

Transaction ID: 13565287

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James H Taylor, , FACHE  
Mailing Address 530 South Jackson Street

City State Zip Code  
Louisville KY 40202-1675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Louisville  
HospitalOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	0	7

Transaction ID: 13565288

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Dennis B Johnson  
Mailing Address 1025 New Moody Lane

City State Zip Code  
La Grange KY 40031-9154

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baptist Hospital Northeast

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 7

Transaction ID: 13565290

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey Seraphine  
Mailing Address 1140 Lexington Road

City State Zip Code  
Georgetown KY 40324-9330

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lake Cumberland Regional  
Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 7

Transaction ID: 13565293

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bruce D Begley  
Mailing Address P O Box 48

City State Zip Code  
Henderson KY 42420-0048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Methodist Hospital

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 7

Transaction ID: 13565294

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Frank A. Butler Mailing Address 437 Adair Road City Lexington State KY Zip Code 40536-0001 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer University of Kentucky Hospital Occupation Hospital Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7 Transaction ID: 13565295 Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Brian Brezosky Mailing Address Post Office Box 436620 City Louisville State KY Zip Code 40253-6620 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kentucky Hospital Association Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7 Transaction ID: 13565297 Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Paige Franklin Mailing Address 404 Kaelin Drive City Louisville State KY Zip Code 40207-2204 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kentucky Hospital Association Occupation Vice President, Information Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7 Transaction ID: 13565299 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Nancy C. Galvagni  
Mailing Address 7505 Pine Knoll Circle

City State Zip Code  
Prospect KY 40059-9208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kentucky Hospital Associa-  
tion

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 7

Transaction ID: 13565300

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Joy Knight  
Mailing Address 8213 Chapel Drive

City State Zip Code  
Crestwood KY 40014-8102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kentucky Hospital Associa-  
tion

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 7

Transaction ID: 13565383

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Stephen P. Miller  
Mailing Address 1101 Cardinal Drive

City State Zip Code  
Louisville KY 40253-6629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kentucky Hospital Associa-  
tion

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 7

Transaction ID: 13565384

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Sarah S. Nicholson

Mailing Address 1100 Glenbrook Road

City

Louisville

State

KY

Zip Code

40223-2214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kentucky Hospital Associa-  
tion

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 7

Transaction ID: 13565385

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Carol Blevins Ormay

Mailing Address 8518 Bronzewing Court

City

Louisville

State

KY

Zip Code

40299-1106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kentucky Hospital Associa-  
tion

Occupation

Vice President, Membership Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 7

Transaction ID: 13565386

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Debbie Riley

Mailing Address 502 Trotwood Place

City

Louisville

State

KY

Zip Code

40245-4071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kentucky Hospital Associa-  
tion

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 7

Transaction ID: 13565388

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Carol J. Walters  
Mailing Address Post Office Box 436629

City State Zip Code  
Louisville KY 40253-6629

FEC ID number of contributing federal political committee.

C

Name of Employer  
Kentucky Hospital AssociationOccupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 7

Transaction ID: 13565395

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Fred Schluter  
Mailing Address PO Box 945

City State Zip Code  
Winchester MA 01890-8245

FEC ID number of contributing federal political committee.

C

Name of Employer  
Dana-Farber Cancer InstituteOccupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 7

Transaction ID: 13618860

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. John B Chessare, M.D., M.  
Mailing Address 800 Washington Street

City State Zip Code  
Norwood MA 02062-3487

FEC ID number of contributing federal political committee.

C

Name of Employer  
Caritas Norwood HospitalOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 7

Transaction ID: 13618862

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Gary L. Gottlieb, M.D.

Mailing Address 75 Francis Street

City

Boston

State

MA

Zip Code

02115-6106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brigham and Women's Hospi-  
tal

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 7

Transaction ID: 13618864

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Frederick H. Kuriger

Mailing Address 243 Elm Street

City

Claremont

State

NH

Zip Code

03743-2099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley Regional Hospital

Occupation  
Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 7

Transaction ID: 13619482

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. James L. Daily

Mailing Address 115 Porter Drive

City

Middlebury

State

VT

Zip Code

05753-8423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Porter Medical Center

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 13619497

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Kylanne Silverstone Mailing Address 10620 Belfast Place City Potomac State MD Zip Code 20854-1704 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Inova Health System Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 01 / 19 / 2007 <b>Transaction ID:</b> 13625253 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Candice Saunders Mailing Address 3300 Gallows Road City Falls Church State VA Zip Code 22042-3307 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Inova Fairfax Hospital Occupation Assistant Vice President and Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 01 / 19 / 2007 <b>Transaction ID:</b> 13625254 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Thomas F Knight Mailing Address 4320 Seminary Road City Alexandria State VA Zip Code 22304-1594 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Inova Alexandria Hospital Occupation Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 01 / 19 / 2007 <b>Transaction ID:</b> 13625270 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Megan R Perry  
Mailing Address 3000 Coliseum Drive

City State Zip Code  
Hampton VA 23666-5963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sentara CarePlex Hospital

Occupation  
Vice President and Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 13625272

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Barbara Brown, Ph.D.  
Mailing Address 11 Countryside Lane

City State Zip Code  
Richmond VA 23229-7928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Virginia Hospital & Health-  
care Associa

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 13625273

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark Runyon  
Mailing Address 43101 Finders Lane

City State Zip Code  
South Riding VA 20152-3444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inova Health System

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 13625281

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Eva C. LaBarge  
Mailing Address 6434 Sun Flag Ct.

City State Zip Code  
Sparks NV 89436-5400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nevada Hospital Associati-  
on

Occupation  
Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 7

Transaction ID: 13634859

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Rod Betit  
Mailing Address 426 Main Street

City State Zip Code  
Juneau AK 99801-1152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alaska State Hospital &  
Nursing Home A

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 7

Transaction ID: 13634912

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Brian D Gilbert  
Mailing Address P O Box 1081

City State Zip Code  
Wrangell AK 99929-1081

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wrangell Medical Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 7

Transaction ID: 13634917

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Susan L Davis, , R.N., Ed

Mailing Address 2800 Main Street

City

Bridgeport

State

CT

Zip Code

06606-4292

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent's Medical Cen-  
ter

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 13657259

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Jack S.C. Fong, M.D.

Mailing Address 2 West Farm Ridge Road

City

Newtown

State

CT

Zip Code

06470-2408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Danbury Hospital

Occupation

Chairman, Department of Pediatrics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 13657260

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. J. Bryan Simmons

Mailing Address 49 Baldwin Hill Road

City

Litchfield

State

CT

Zip Code

06759-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hartford Hospital

Occupation

V.P., Strategic & Facilities Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 13657261

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Nemuel O Ariles, FACHE

Mailing Address Post Office Box 10011

City

Guayama

State

PR

Zip Code

00785-4011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospital Episcopal Cristo  
Redentor

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 13657888

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. David L. Woodrum

Mailing Address 175 North Harbor Drive

City

Chicago

State

IL

Zip Code

60601-7344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Woodrum, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 7

Transaction ID: 13664418

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ms. Audrey M. White

Mailing Address 25 Concord Street

City

Peterborough

State

NH

Zip Code

03458-1510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Monadnock Community Hospi-  
tal

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 7

Transaction ID: 13669070

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Patricia Reid-Ponte Mailing Address 23 Indian Hill Road City State Zip Code Arlington MA 02476-7002 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Dana-Farber Cancer Institute Occupation Sr. VP and CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 7 <b>Transaction ID:</b> 13669217 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Margaret Covelli Mailing Address 1878 Lemon Grove Street City State Zip Code Henderson NV 89052-6850 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Nevada Organization of Nurse Leaders Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 7 <b>Transaction ID:</b> 13669231 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Diane M. Twedell, RN Mailing Address 1216 Second Street, SW City State Zip Code Rochester MN 55902-1906 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Mayo Clinic Occupation Nurse Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 7 <b>Transaction ID:</b> 13669235 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Linda B. Bolton  
Mailing Address 8700 Beverly Blvd.

City State Zip Code  
West Hollywood CA 90048-1865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cedars-Sinai Medical Cent-  
er

Occupation  
Vice President Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 7

Transaction ID: 13669237

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Joan Soriano  
Mailing Address 2119 East 17th Street

City State Zip Code  
Bremerton WA 98310-4413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harrison Medical Center

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 7

Transaction ID: 13669264

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Joanell M. Dyrstad  
Mailing Address 910 West 6th Street

City State Zip Code  
Red Wing MN 55066-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fairview Red Wing Medical  
Center

Occupation  
Board Chair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 7

Transaction ID: 13669266

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Virgil McDonald  
Mailing Address 2548 36th Street, SE

City State Zip Code  
Washington DC 20020-1216

FEC ID number of contributing federal political committee.

C

Name of Employer  
Fort Washington Medical CenterOccupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 7

Transaction ID: 13669267

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Thomasine Kennedy  
Mailing Address 2714 N.D. 41 & 50

City State Zip Code  
Chinquapin NC 28521

FEC ID number of contributing federal political committee.

C

Name of Employer  
Duplin General HospitalOccupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 7

Transaction ID: 13669268

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary Curtis  
Mailing Address PO Box 1288

City State Zip Code  
Prentiss MS 39474-1288

FEC ID number of contributing federal political committee.

C

Name of Employer  
Jefferson Davis Community HospitalOccupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 7

Transaction ID: 13726605

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Sr Sheila Lyne

Mailing Address 2525 South Michigan Avenue

City

Chicago

State

IL

Zip Code

60616-2333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Hospital and Medical  
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 0 7

Transaction ID: 13732094

Amount of Each Receipt this Period

0.00

## **[MEMO ITEM]**

Refund(s) on Schedule B  
Totaling \$250.00 This changes the YTD Total to \$-250.00

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

16900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 39

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City State Zip Code  
 Madison WI 53725-9038

FEC ID number of contributing  
federal political committee. **C** C00359455

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 3 / 2 0 0 7

Transaction ID: 13634871

Amount of Each Receipt this Period

1100.00

Full Name (Last, First, Middle Initial)

**B.** North Carolina Hospital Assoc. HOSPAC - Federal

Mailing Address Post Office Box 4449

City State Zip Code  
 Cary NC 27519-4449

FEC ID number of contributing  
federal political committee. **C** C00194647

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

47800.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 0 7

Transaction ID: 13669269

Amount of Each Receipt this Period

47800.00

**SUBTOTAL** of Receipts This Page (optional) .....

48900.00

**TOTAL** This Period (last page this line number only) .....

48900.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 39

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Triad Hospitals Good Government Fund

Mailing Address 5800 Tennyson Pkwy.

City	State	Zip Code
Plano	TX	75024

FEC ID number of contributing  
federal political committee.**C** C00347062

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	7

Transaction ID: 13668924

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

5000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 39

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

361.92

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 0 7

Transaction ID: 13715128

Amount of Each Receipt this Period

361.92

Bank Interest

**SUBTOTAL** of Receipts This Page (optional) .....

361.92

**TOTAL** This Period (last page this line number only) .....

361.92



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 39

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Lot Of People For Dave Obey

Mailing Address 525 Washington St

City Wausau State WI Zip Code 54402

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. David R. Obey

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WI District: 7

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13614112

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 1 0 / 2 0 0 7

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Republican Majority Fund

Mailing Address P.O. Box 1550

City Ponca City State OK Zip Code 74602

Purpose of Disbursement  
2007 Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13614109

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 1 0 / 2 0 0 7

Amount of Each Disbursement this Period

2500.00

2007 Contribution

Full Name (Last, First, Middle Initial)

**C.** Graves For Congress

Mailing Address 2345 Grand Suite 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Samuel B. Graves, Jr.

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MO District: 6

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13614113

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 1 0 / 2 0 0 7

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 39

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Reed Committee

Mailing Address PO Box 8628

City  
Cranston

State  
RI

Zip Code  
02920

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Jack Reed

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: RI District: 1

Transaction ID: 13634150

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Cantor For Congress

Mailing Address P. O. Box 17813

City  
Richmond

State  
VA

Zip Code  
23226

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Eric I. Cantor

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 7

Transaction ID: 13634155

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** National Republican Congressional Committee

Mailing Address 320 First Street, SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 13634117

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

15000.00

2007 Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

18000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** McCollum For Congress

Mailing Address P.O. Box 14131

City  
St. Paul

State  
MN

Zip Code  
55114

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Betty McCollum

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 4

Transaction ID: 13634157

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 13634149

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

15000.00

2007 Contribution

Full Name (Last, First, Middle Initial)

**C.** Committee for a Democratic Majority

Mailing Address 307 5th Street, NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 13634062

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

2000.00

2007 Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

19000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Friends Of John Thune

Mailing Address 224 North Phillips Avenue Ste 210

City State Zip Code  
 Sioux Falls SD 57104

Purpose of Disbursement  
 2010 Contribution

Candidate Name  
 Sen. John R. Thune

011  
 Category/  
 Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SD District: 2

Transaction ID: 13634153

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

2000.00

2010 Contribution

Full Name (Last, First, Middle Initial)

**B.** McCaskill For Missouri

Mailing Address PO Box 6771

City State Zip Code  
 St Louis MO 63144

Purpose of Disbursement  
 Contribution

Candidate Name  
 Claire McCaskill

011  
 Category/  
 Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: MO District: 2

2006 General Debt Re

Transaction ID: 13634154

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Citizens For Altmire

Mailing Address PO Box 1776

City State Zip Code  
 Freedom PA 15042

Purpose of Disbursement  
 Contribution

Candidate Name  
 Mr. Jason Altmire

011  
 Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: PA District: 4

2006 General Debt Re

Transaction ID: 13634156

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

3000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Spratt For Congress Committee

Mailing Address PO Box 830

City York State SC Zip Code 29745

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John M. Spratt, Jr.

Office Sought: ☒ House  
☐ Senate  
☐ President

State: SC District: 5

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13640662

Date of Disbursement

01 / 19 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Walden For Congress Inc.

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Greg Walden

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OR District: 2

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13640666

Date of Disbursement

01 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Joe Wilson For Congress Committee

Mailing Address Post Office Box 2145

City West Columbia State SC Zip Code 29171

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Joe Wilson

Office Sought: ☒ House  
☐ Senate  
☐ President

State: SC District: 2

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13640657

Date of Disbursement

01 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Nunes For Congress

Mailing Address PO Box 891

City Pixley State CA Zip Code 93256

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Devin Nunes

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 21

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13640679

Date of Disbursement

01 / 19 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Courtney For Congress

Mailing Address 38 Risley Road

City Vernon State CT Zip Code 06066

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Joseph Courtney

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CT District: 2

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼  
2006 General Debt Re

Transaction ID: 13640654

Date of Disbursement

01 / 19 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Goode For Congress

Mailing Address 235 South Main Street

City Rocky Mount State VA Zip Code 24151

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Virgil H. Goode, Jr.

Office Sought: ☒ House  
☐ Senate  
☐ President

State: VA District: 5

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13662110

Date of Disbursement

01 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Bob Goodlatte For Congress Committee**

Mailing Address P.O. Box 292

City  
Roanoke

State  
VA

Zip Code  
24002

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Robert W. Goodlatte

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 6

Transaction ID: 13662195

Date of Disbursement

01 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. White Mountain PAC**

Mailing Address P.O. Box 1772

City  
Concord

State  
NH

Zip Code  
03302

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 13660718

Date of Disbursement

01 / 24 / 2007

Amount of Each Disbursement this Period

5000.00

2007 Contribution

Full Name (Last, First, Middle Initial)

**C. Kevin McCarthy For Congress**

Mailing Address 455 Capitol Mall Suite 801

City  
Sacramento

State  
CA

Zip Code  
95814

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Kevin Lee McCarthy

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: 13659990

Date of Disbursement

01 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Rehberg For Congress

Mailing Address P.O. Box 1597

City  
Helena

State  
MT

Zip Code  
59624

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Dennis R. Rehberg

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MT District: 1

Transaction ID: 13725680

Date of Disbursement

01 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Friends Of Dick Durbin Committee

Mailing Address PO Box 1949

City  
Springfield

State  
IL

Zip Code  
62705

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Richard J. Durbin

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 1

Transaction ID: 13725673

Date of Disbursement

01 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Friends Of Dick Durbin Committee

Mailing Address PO Box 1949

City  
Springfield

State  
IL

Zip Code  
62705

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Richard J. Durbin

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 1

Transaction ID: 13725674

Date of Disbursement

01 / 30 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Ron Lewis For Congress

Mailing Address PO Box 307

City  
Elizabethtown

State  
KY

Zip Code  
42702

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Ron Lewis

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 2

Transaction ID: 13664420

Date of Disbursement

01 / 30 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Gene Green Congressional Campaign

Mailing Address PO Box 16128

City  
Houston

State  
TX

Zip Code  
77222

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Gene Green

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 29

Transaction ID: 13725679

Date of Disbursement

01 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 13662199

Date of Disbursement

01 / 30 / 2007

Amount of Each Disbursement this Period

15000.00

2007 Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

18500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Western Action PAC**

Mailing Address P.O. Box 982

City  
CasperState  
WYZip Code  
82602Purpose of Disbursement  
2007 Contribution

Candidate Name

011

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 13725670

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	7

Amount of Each Disbursement this Period

3000.00

2007 Contribution

Full Name (Last, First, Middle Initial)

**B. Charlie Dent For Congress**

Mailing Address PO Box 442

City  
AllentownState  
PAZip Code  
18105Purpose of Disbursement  
ContributionCandidate Name  
Rep. Charles W. Dent

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 15

Transaction ID: 13725676

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Dave Reichert**

Mailing Address P. O. Box 53322

City  
BellevueState  
WAZip Code  
98015Purpose of Disbursement  
ContributionCandidate Name  
Rep. David George Reichert

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 8

Transaction ID: 13725675

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. COLE PAC**

Mailing Address 12176 Chancery Station Circle

City Reston State VA Zip Code 20190

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13726291

Date of Disbursement

01 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

2007 Contribution

Full Name (Last, First, Middle Initial)

**B. Citizens For Altmire**

Mailing Address PO Box 1776

City Freedom State PA Zip Code 15042

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Jason Altmire

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 4

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13725678

Date of Disbursement

01 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Democratic Freshmen PAC**

Mailing Address 236 Massachusetts Ave., NE  
#508

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13662200

Date of Disbursement

01 / 30 / 2007

Amount of Each Disbursement this Period

2500.00

2007 Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Friends Of John Tanner

Mailing Address Post Office Box 1994

City State Zip Code  
Union City TN 38281

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John S. Tanner

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TN District: 8

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 13713263

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Friends For Harry Reid

Mailing Address PO Box 19163

City State Zip Code  
Las Vegas NV 89132

Purpose of Disbursement  
2010 Contribution

Candidate Name  
Sen. Harry Reid

Office Sought: ☐ House  
☒ Senate  
☐ President

State: NV District: 1

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 13713260

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

2010 Contribution

Full Name (Last, First, Middle Initial)

**C.** Doggett For U.S. Congress

Mailing Address 1157 San Bernard

City State Zip Code  
Austin TX 78702

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Lloyd Doggett

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 25

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 13713262

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

## **A. Blue Dog PAC**

Mailing Address 6849 Old Dominion Drive  
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement  
2007 Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13713237

Date of Disbursement

01 / 31 / 2007

Amount of Each Disbursement this Period

5000.00

2007 Contribution

Full Name (Last, First, Middle Initial)

## **B. Barrett For Congress**

Mailing Address P.O. Box 869  
PO Box 869

City Westminster State SC Zip Code 29693

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. J. Gresham Barrett

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: SC District: 3

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13713268

Date of Disbursement

01 / 31 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. VINEPAC: Victory in November Election PAC**

Mailing Address 607 14th St. NW  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2007 Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13713236

Date of Disbursement

01 / 31 / 2007

Amount of Each Disbursement this Period

4000.00

2007 Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Freedom Fund

Mailing Address 128 N. Columbus Street

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
2007 Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13713235

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

2007 Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

125500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Sr Sheila Lyne

Mailing Address 2525 South Michigan Avenue

City  
Chicago

State  
IL

Zip Code  
60616-2333

Purpose of Disbursement  
Refund

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13725681

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Refund

SUBTOTAL of Disbursements This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

250.00